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|   |   |  |
|---|---|--|
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b>   |   | ATTORNEY'S DOCKET NUMBER<br>66654-0001<br>U.S. APPLICATION NO. (if known, see 37 CFR 1.5)<br><b>10/588585</b><br>PRIORITY DATE CLAIMED<br>11 February 2004 |
| INTERNATIONAL APPLICATION NO.<br>PCT/US2005/004291  | INTERNATIONAL FILING DATE<br>11 February 2005 |  |
| TITLE OF INVENTION<br>DETECTING PROLONGED MYOCARDIAL REPOLARIZATION INDICATIVE OF CARDIAC CONDITION   |   |  |
| APPLICANT(S) FOR DO/EO/US<br>David N. Kenigsberg et al.   |   |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:   |   |  |
| 1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371.<br>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.<br>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.<br>4. <input type="checkbox"/> The US has been elected (Article 31).<br>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2))<br>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).<br>b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.<br>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).<br>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).<br>a. <input type="checkbox"/> is attached hereto.<br>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).<br>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))<br>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).<br>b. <input type="checkbox"/> have been communicated by the International Bureau.<br>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.<br>d. <input type="checkbox"/> have not been made and will not be made.<br>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).<br>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).<br>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). |   |  |
| <b>Items 11 to 20 below concern document(s) or information included:</b>  |   |  |
| 11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.<br>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.<br>13. <input checked="" type="checkbox"/> A preliminary amendment.<br>14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.<br>15. <input type="checkbox"/> A substitute specification.<br>16. <input type="checkbox"/> A power of attorney and/or change of address letter.<br>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 – 1.825.<br>18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).<br>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).   |   |  |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| U.S. APPLICATION NO. <b>10/588585</b> (37 CFR 1.5)<br>INTERNATIONAL APPLICATION NO.<br><b>PCT/US2005/004291</b>  | ATTORNEY'S DOCKET NUMBER<br><b>66654-0001</b>  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
|--|--|---|---|-------------|--------------|-----------|----|------------|---|--------------|--------------|----------|---|--|--|---|---|--------------|--------------|--------|--|----------|--|--|--|
| 20. <input checked="" type="checkbox"/> Other items or information: Return Receipt Postcard  |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| The following fees have been submitted   |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| 21. <input checked="" type="checkbox"/> Basic national fee (37 CFR 1.492(a)) ..... \$300   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">CALCULATIONS</th> <th style="width: 40%;">PTO USE ONLY</th> </tr> <tr> <td>\$ 300.00</td> <td></td> </tr> </table>   | CALCULATIONS  | PTO USE ONLY  | \$ 300.00   |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| CALCULATIONS   | PTO USE ONLY   |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| \$ 300.00  |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| 22. <input checked="" type="checkbox"/> Examination fee (37 CFR 1.492(c))<br>If the written opinion prepared by ISA/US or the international preliminary examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(1)-(4) ..... \$0<br>All other situations ..... \$200  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">CALCULATIONS</th> <th style="width: 40%;">PTO USE ONLY</th> </tr> <tr> <td>\$ 200.00</td> <td></td> </tr> </table>   | CALCULATIONS  | PTO USE ONLY  | \$ 200.00   |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| CALCULATIONS   | PTO USE ONLY   |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| \$ 200.00  |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| 23. <input checked="" type="checkbox"/> Search fee (37 CFR 1.492(b))<br>If the written opinion of the ISA/US or the international preliminary examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(1)-(4) ..... \$0<br>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority ..... \$100<br>International Search Report prepared by an ISA other than the US and provided to the Office or previously communicated to the US by the IB ..... \$400<br>All other situations ..... \$500 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">CALCULATIONS</th> <th style="width: 40%;">PTO USE ONLY</th> </tr> <tr> <td>\$ 500.00</td> <td></td> </tr> </table>   | CALCULATIONS  | PTO USE ONLY  | \$ 500.00   |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| CALCULATIONS   | PTO USE ONLY   |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| \$ 500.00  |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| <b>TOTAL OF 21, 22 and 23 =</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">CALCULATIONS</th> <th style="width: 40%;">PTO USE ONLY</th> </tr> <tr> <td>\$ 1,000.00</td> <td></td> </tr> </table> | CALCULATIONS  | PTO USE ONLY  | \$ 1,000.00 |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| CALCULATIONS   | PTO USE ONLY   |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| \$ 1,000.00  |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing in compliance with 37 CFR 1.821(c) or (e) or computer program listing in an electronic medium) (37 CFR 1.492(j)).<br>The fee is \$250 for each additional 50 sheets of paper or fraction thereof.  |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Total Sheets</th> <th style="width: 20%;">Extra Sheets</th> <th style="width: 40%;">Number of each additional 50 or fraction thereof (round up to a whole number)</th> <th style="width: 20%;">RATE</th> </tr> <tr> <td>- 100 =</td> <td>/50 =</td> <td></td> <td>x \$250.00</td> </tr> </table>   | Total Sheets   | Extra Sheets  | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE        | - 100 =      | /50 =     |    | x \$250.00 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">CALCULATIONS</th> <th style="width: 40%;">PTO USE ONLY</th> </tr> <tr> <td>\$</td> <td></td> </tr> </table> | CALCULATIONS | PTO USE ONLY | \$       |   |  |  |   |   |              |              |        |  |          |  |  |  |
| Total Sheets   | Extra Sheets   | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE  |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| - 100 =  | /50 =  |   | x \$250.00  |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| CALCULATIONS   | PTO USE ONLY   |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| \$   |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| Surcharge of \$130 for furnishing any of the search fee, examination fee, or the oath or declaration after the date of commencement of the national stage (37 CFR 1.492(h)).   |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">CLAIMS</th> <th style="width: 20%;">NUMBER FILED</th> <th style="width: 20%;">NUMBER EXTRA</th> <th style="width: 20%;">RATE</th> </tr> <tr> <td>Total claims</td> <td>39 - 20 =</td> <td>19</td> <td>x 50.00</td> </tr> <tr> <td>Independent claims</td> <td>10 - 3 =</td> <td>7</td> <td>x 200.00</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+</td> </tr> </table>   | CLAIMS   | NUMBER FILED  | NUMBER EXTRA  | RATE        | Total claims | 39 - 20 = | 19 | x 50.00    | Independent claims  | 10 - 3 =     | 7            | x 200.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  | + | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">CALCULATIONS</th> <th style="width: 40%;">PTO USE ONLY</th> </tr> <tr> <td>950.00</td> <td></td> </tr> <tr> <td>1,400.00</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | CALCULATIONS | PTO USE ONLY | 950.00 |  | 1,400.00 |  |  |  |
| CLAIMS   | NUMBER FILED   | NUMBER EXTRA  | RATE  |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| Total claims   | 39 - 20 =  | 19  | x 50.00   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| Independent claims   | 10 - 3 =   | 7   | x 200.00  |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)  |  |   | +   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| CALCULATIONS   | PTO USE ONLY   |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| 950.00   |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| 1,400.00   |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
|  |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by 1/2.  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">CALCULATIONS</th> <th style="width: 40%;">PTO USE ONLY</th> </tr> <tr> <td>1,675.00</td> <td></td> </tr> </table>    | CALCULATIONS  | PTO USE ONLY  | 1,675.00    |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| CALCULATIONS   | PTO USE ONLY   |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| 1,675.00   |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| <b>SUBTOTAL =</b>  |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)).  |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| <b>TOTAL NATIONAL FEE =</b>  |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property   |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| <b>TOTAL FEES ENCLOSED =</b>   |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| Amount to be refunded: \$  |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |
| Amount to be charged: \$   |  |   |   |             |              |           |    |            |   |              |              |          |   |  |  |   |   |              |              |        |  |          |  |  |  |

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- a. ☐ A check in the amount of \$ \_\_\_\_\_ to cover the above fees is enclosed.
- b. ☒ Please charge my Deposit Account No. 18-0013 in the amount of \$ 1,675.00 to cover the above fees.  
A duplicate copy of this sheet is enclosed.
- c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 18-0013. A duplicate copy of this sheet is enclosed.
- d. ☐ Fees are to be charged to a credit card. **WARNING:** Information on this form may become public. **Credit card information should not be included on this form.** Provide credit card information and authorization on PTO-2038

**NOTE:** Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.

SEND ALL CORRESPONDENCE TO:

James F. Kamp  
RADER, FISHMAN & GRAUER PLLC  
39533 Woodward Avenue  
Suite 140  
Bloomfield Hills, Michigan 48304  
(248) 594-0656

CUSTOMER NUMBER: 10291

SIGNATURE

James F. Kamp

NAME

41,882

REGISTRATION NUMBER

10/588585

IAP11 Rec'd PCT/PTO 04 AUG 2006

Application No. (if known): Not Yet Assigned

Attorney Docket No.: 66654-0001

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV508828304US in an envelope addressed to:

MS PCT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on

8/4/06  
Date

  
Signature

Kathryn L. Nash

Typed or printed name of person signing Certificate

Registration Number, if applicable

(248) 594-0615

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

All Items Identified in the Accompanying Postcard  
Fee Transmittal, in duplicate (2 pages)  
Transmittal Letter to the United States Designated-Elected Office and  
Certificate of Express Mailing (4 pages)  
Copy of Application (claims 1-39) (28 pages)  
Copy of Drawings (Figs 1-7) (7 pages)  
Application Data Sheet (4 pages)  
Information Disclosure Statement (2 pages)  
PTO Form SB/08 (1 page)  
PCT International Search Report (3 pages)  
PCT Written Opinion of the International Searching Authority (3 pages)  
Preliminary Amendment (3 pages)  
Return Receipt Postcard(1 page)  
Charge \$1,675.00 to deposit account 18-0013

|   |  |                          |                       |
|---|--|--------------------------|-----------------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2006</b>  |  | <b>Complete if Known</b> |                       |
|   |  | Application Number       | Not Yet Assigned      |
|   |  | Filing Date              | Concurrently Herewith |
|   |  | First Named Inventor     | David N. Kenigsberg   |
|   |  | Examiner Name            | Not Yet Assigned      |
|   |  | Art Unit                 | N/A                   |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | Attorney Docket No.      | 66654-0001            |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | <b>(\$)</b> 1,675.00     |                       |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account            Deposit Account Number: <u>18-0013</u> Deposit Account Name: <u>Rader, Fishman &amp; Grauer PLLC</u>                            |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments              |  |

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES |             |              |             |              |                  |              |                |
|---|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
| Application Type                              | FILING FEES |              | SEARCH FEES |              | EXAMINATION FEES |              | Fees Paid (\$) |
|   | Fee (\$)    | Small Entity | Fee (\$)    | Small Entity | Fee (\$)         | Small Entity |                |
|   |             | Fee (\$)     |             | Fee (\$)     |                  | Fee (\$)     |                |
| Utility                                       | 300         | 150          | 500         | 250          | 200              | 100          |                |
| Design  | 200         | 100          | 100         | 50           | 130              | 65           |                |
| Plant   | 200         | 100          | 300         | 150          | 160              | 80           |                |
| Reissue                                       | 300         | 150          | 500         | 250          | 600              | 300          |                |
| Provisional                                   | 200         | 100          | 0           | 0            | 0                | 0            |                |

| 2. EXCESS CLAIM FEES   |        |                     |                 |                      | Small Entity                     |  |
|--|--------|---------------------|-----------------|----------------------|----------------------------------|--|
| <u>Fee Description</u>   |        |                     |                 | <u>Fee (\$)</u>      | <u>Fee (\$)</u>                  |  |
| Each claim over 20 (including Reissues)                                |        |                     |                 | 50                   | 25                               |  |
| Each independent claim over 3 (including Reissues)                     |        |                     |                 | 200                  | 100                              |  |
| Multiple dependent claims  |        |                     |                 | 360                  | 180                              |  |
| <u>Total Claims</u>  |        | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |  |
| 39   | - 20 = | 19                  | x               | =                    | <u>Fee (\$)</u>                  |  |
| HP = highest number of total claims paid for, if greater than 20.      |        |                     |                 |                      | <u>Fee Paid (\$)</u>             |  |
| <u>Indep. Claims</u>   |        | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |                                  |  |
| 10   | - 3 =  | 7                   | x               | =                    |                                  |  |
| HP = highest number of independent claims paid for, if greater than 3. |        |                     |                 |                      |                                  |  |

| 3. APPLICATION SIZE FEE   |              |  |                                |               |
|---|--------------|--|--------------------------------|---------------|
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |              |  |                                |               |
| Total Sheets  | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$)                       | Fee Paid (\$) |
|   | - 100 =      | /50  | (round up to a whole number) x | =             |

| 4. OTHER FEE(S)   |  | Fees Paid (\$) |
|---|--|----------------|
| Non-English Specification, \$130 fee (no small entity discount) |  |                |
| Other (e.g., late filing surcharge):                            |  |                |
| 2631 Basic National Stage fee                                   |  | 150.00         |
| 2633 National Stage Examination Fee - all other ...             |  | 100.00         |
| 2632 National Stage Search Fee - all other situations           |  | 250.00         |
| 2615 .National Stage claims - extra total (over twenty)         |  | 475.00         |
| 2614 National Stage claims - extra independent (over ...        |  | 700.00         |

|                                 |                         |                          |
|---------------------------------|-------------------------|--------------------------|
| <b>SUBMITTED BY</b>             |                         |                          |
| Signature                       | Registration No. 41,882 | Telephone (248) 594-0656 |
| Name (Print/Type) James F. Kamp |                         | Date 8/4/06              |

|   |   |
|---|---|
| <b>Fee Transmittal</b>  |   |
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV508828304US, in an envelope addressed to: MS PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. |   |
| Dated: <u>8/4/06</u>  | Signature: <u>Kathryn L. Nash</u> (Kathryn L. Nash) |